

Substitute Position

To Applicant: We appreciate your interest in our school system and assure you we are sincerely interested in your qualifications. Please print or type your information in order that we might obtain a clear understanding of your background and work history. A brief statement or resumé describing your qualifications for the applied position is recommended.

Date _____ Social Security No. XXX-XX- _____ Please provide only the last four digits of your Social Security number.

Name _____ Phone No. _____
(last) (first) (middle)

Present Address _____
(no. and street) (city) (state) (zip)

Last former address _____
(no. and street) (city) (state) (zip)

This section is voluntary and collected for record keeping only. This information will not be used in employment decisions.

Sex: Male Ethnicity: White Non-Hispanic Black or African American American Indian or Alaskan Native
 Female Hispanic Asian Native Hawaiian or Other Pacific Islander

Date of Birth (MM/DD/YY) _____

Military service? _____ Branch of service _____ Type of discharge _____ Dates _____

Are you a veteran as defined by s. 295.07, Florida Statutes? Yes No

Are you claiming Veterans' Preference? Yes No

If you are claiming Veterans' Preference, please indicate the provision under which you qualify. State Law currently defines "war" to include the following conflicts: Korean Conflict, Vietnam Era, Persian Gulf War, Operation Enduring Freedom and Operation Iraqi Freedom. (SB 156-1.01(14) Florida Statutes)

If you state you were "A veteran of any war..." please indicate the war here: _____

Note: In order to receive Veterans' Preference, it is required that proof, such as DD-214 (Military Discharge Papers) or its equivalent from the VA showing military status, dates of service and discharge type or other type of proof from the DD or VA, MUST BE SUBMITTED WITH THIS APPLICATION. Spouses, widows, or widowers qualifying for Veterans' Employment Preference MUST SUBMIT with this application the required documents in order to receive such Veterans' Employment Preference.

Positions for which you are applying:

Instructional Substitute Teacher

Non-Instructional Substitute Bus Aide Substitute Bus Driver Substitute Clerical Substitute Clinic Aide Substitute Custodian
 Substitute Food Service Substitute Teacher's Aide

Have you ever been known by any other name on employment records? If so, please include names? _____

Have you ever been employed by the Taylor County School Board? _____ Reason for leaving? _____

In what position? _____ At what location? _____ During what time frame? _____

Relatives working for Taylor County School District _____

Have you ever been convicted of a felony or a misdemeanor, whether or not adjudication was withheld? _____ (You will not necessarily be disqualified based upon this information.) If yes, explain _____

Emergency contact: _____

(Name, Relationship, Phone
Number)

Employment History: List present or most recent employment first. You must account for previous 10 years. Highlight experience in the area of interest for the application.

From	To	Employer	Street No.	City	State	Position	Reason For Leaving

References: Do not list relatives

Name	Street No.	City	State	Business Or Occupation	Years Acquainted

Education: Must submit a copy of High School Diploma or equivalent

Name Of School	Street No.	City	State	From	To	Graduate	Extracurricular Activities
High School							
College							
Other							

Note: Please be advised your application will remain on file for a period of two (2) years from the date application is made.

After that time, it will be removed and placed in the inactive file unless you contact us to request that it remain active.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information. I further agree that any omission or false statements in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail it will not be considered.

Date _____ Signature _____

By typing your name in the box above, you are electronically signing this statement

An Equal Opportunity / Equal Access / Veterans' Preference Employer